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COVER LETTER

#1

TO: Registration Se Division of Cor					
SUBJECT: MICH	AEL BERRY LLC				
	Name of Lim	ited Liability Company	·		
	Amendment and fee(s) are sub				
Piease return att correspo	ondence concerning this matter	to the following:			
	MICHAEL BERF				
		Name of Person			
		Firm/Company		-	
	1921 BROYHIL			世界方	
		Address			T
	PENSACOLA, F	L 32526 City/State and Zip Code		29	1
	homes3@cox.n	et		100 里	لديدا
	E-mail address: (to be used for future annual report notif	ication)	38	
For further information of	concerning this matter, please c	all:		*:	
MICHAEL BI		at (850) 293-124			
Name o	of Person	Area Code Daytime	e Telephone Number	•	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHAEL BERRY LLC (Name of the Limited Liability (A Florida L	Company as it now appears on or imited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on11/06	5/2014 and assigned
Florida document number <u>L14000173289</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
MIKE BERRY REALTY LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
		1000元
Enter new mailing address, if applicable:		H- 0 H
(Mailing address MAY BE A POST OFFICE BOX)		
		200 To 000
B. If amending the registered agent and/or registe		¥. *
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	City	, Florida
	City	Lip Cour

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
		·	□ Change
· · · · ·			Add
			☐ Remove
			☐ Change
			D Remove
			□ Change
			
			☐ Remove
			☐ Change
			
			☐ Remove
			☐ Change
		·	Add
			Remove
			□ Change

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Filing Fee: \$25.00